

**Clean Water Fund Program (CWFP)**  
**Hardship Financial Assistance**  
**Preliminary Calculation Request**  
 Form 8700-282 (1/01)

**Notice:** This form is authorized by s. 281.58, Wis. Stats. Submitting a completed form to the Department is optional. Personally identifiable information provided on this form will only be used to make a preliminary determination of eligibility for hardship financial assistance per s. NR 162.42, Wis. Adm. Code. Results of the preliminary determination are for information only. Failure to submit a completed form has no bearing on eligibility for hardship financial assistance.

Project Information	
Municipality Name	County(ies)
CWFP Project Number	Regional Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

**If a sanitary district, list the town(s) in which district is located:**

Town Name	County	No. of Residential Users in Town
1.		
2.		
3.		
4.		

**Project Type** (check one) ☐ Compliance Maintenance or New/Changed Limits (modifying an existing treatment works)  
☐ Unsewered (providing sewers or individual systems in an area which is currently lacking sewers)

**Proposed Number of Residential Users** in applicant municipality (total number of households to be served--for apartments, condominiums and mobile home parks, each individual unit is one residential user)

**Estimated Total Project Cost** (include *all* costs related to facility planning, design and construction of the project; if this is a joint project with another municipality, only include costs *to be paid by applicant municipality*)

<b>Estimated Project Costs Ineligible for CWFP Assistance</b> (e.g., segments of sewer exclusively serving future development, laterals to houses and hookup fees owed another municipality--indicate hookup fee amount separately and check the box if no interest will be paid on hookup fee)	Hookup Fee \$	Other Ineligible Costs
	<input type="checkbox"/> No interest	\$

**Does the municipality expect to carry debt for 10 years or more to pay for ineligible costs?** ☐ Yes ☐ No

**Estimated or Actual Grant Assistance for this Project from Sources Other than CWFP** (e.g., Rural Development or Wisconsin Department of Commerce CDBG Program)

Name of Other Source(s): \_\_\_\_\_ \$

**Estimated Parallel Cost Percentage** (fill in 100% if estimate of parallel cost percentage is unavailable) %

**Treatment Type** (check one) ☐ Advanced ☐ Secondary ☐ Aerated Lagoon ☐ Stabilization Pond

**Sanitary District Population** (sanitary districts only)

**Estimated Annual Operation, Maintenance and Replacement Costs** (first full year of operation following completion of construction; do not include debt costs) \$

**Residential Percentage** (residential flow divided by total flow from applicant municipality; flow figures provided should be consistent with figures in the facility plan, plans and specifications or user charge system)

Residential Flow: \_\_\_\_\_ / Total Flow: \_\_\_\_\_ = %

**Prior Wastewater Debt** (total principal and interest payments remaining on all outstanding debt related to prior wastewater construction projects; do not include interim financing for the current project) \$

Preparer Information		
Prepared By	E-Mail Address	
Of (Municipality or Firm Name)	Telephone Number	Fax Number